



AF 13252 / 2442

NOTICE OF APPEAL FROM THE EXAMINER TO THE
BOARD OF PATENT APPEALS AND INTERFERENCESDocket Number
029627.00006

I hereby certify that this correspondence is being
deposited with the United States Postal Service with
sufficient postage as first class mail in an envelope
addressed to the: Commissioner for Patents, P.O. Box
PATE 1450, Alexandria, Virginia 22313-1450

on May 30, 2006

Signature

Typed or

Printed Name Martin G. Linihan

In re Application of Alan L. Everett

Application Number 09/761,624

Filed January 17, 2001

For Precision Dispensing Tip And Method

Group Art Unit 3752

Examiner C.S. Kim

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b))

\$ 500

- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the
fee shown above is reduced by half, and the resulting fee is:

\$ 250

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application
to a Deposit Account. I have enclosed a duplicate copy of this sheet.

- ☒ The Director is hereby authorized to charge any fees which may be
required, or credit any overpayment to Deposit Account No. 08-2442.
I have enclosed a duplicate copy of this sheet.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: Information on this form may become public. Credit card information should not
be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

- ☐ applicant/inventor
☐ assignee of record of the entire interest.
(See 37 CFR 3.71. Statement under 37
CFR 3.73(b) is enclosed. (Form PTO/SB/96)
☒ attorney or agent of record.
Registration number 24,926
☐ attorney or agent acting under 37 CFR 1.34(a)
Registration number if acting under 37 CFR 1.34(a). _____

Signature

Typed or printed name
Martin G. LinihanTelephone Number
716-848-1367Date
May 30, 2006

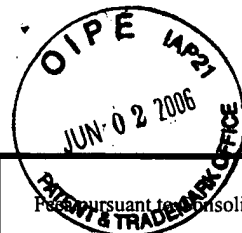
NOTE: Signatures of all the inventors of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required.

☐ Total of _____ forms are submitted.

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Filed pursuant to consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL For FY 2006

Complete if Known

Application Number	09/761,624
Filing Date	January 17, 2001
First Named Inventor	Alan L. Everett
Examiner Name	C.S. Kim
Art Unit	3752
Attorney Docket No.	029627.00006

■ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$250.00)

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- Deposit Account Deposit Account Number: 08-2442 Deposit Account Name: Hodgson Russ LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments
- under 37 CFR 1.16 and 1.17

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
-20 or HP = _____ x _____ = _____				Fee (\$)
HP = highest number of total claims paid for, if greater than 20				Fee Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
-3 or HP = _____ x _____ = _____				
HP = highest number of independent claims paid for, if greater than 3				

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically file sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (i.e., late filing surcharge): Notice of Appeal	\$250.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 24,926	Telephone 716-856-4000
Name (Print/Type)	Martin G. Linihan		Date May 30, 2006

I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on May 30, 2006.

Martin G. Linihan
Name

Signature

May 30, 2006
Date of Signature